NEW YORK NEUROLOGICAL SOCIETY.

Stated Meeting, June 7, 1892.

The President, Dr. M. A. STARR, in the chair.

PRIMARY MYOPATHY.

Dr. FREDERICK PETERSON presented a case of primary myopathy in a man, aged forty-five years, who came to the Vanderbilt Clinic a few days previous to the report. Four and one-half years ago the patient had noticed a drooping and weakness of the shoulders. He had attributed this to his hard work as a mason. Gradually this weakness had increased and spread to other parts of the body. The most striking feature at first sight was the "winged scapula" of serratus paralysis on both sides. Besides the serrati, there was complete wasting of the sternal portion of both major pectorals, and there was marked diminution in size of both long supinators of the right triceps and biceps, of both trapesii, and of the right thigh and buttock; there was also a slight asymmetry of the mouth and forehead, as though the right face were somewhat involved. As was seen in the exhibition of the patient, the forearms and hands were absolutely free from the disease. The deltoids were large as compared with the wasted muscles about the shoulders; they were very firm, and might possibly have been hypertrophied. The calves of both sides were comparatively large. There was no anæsthesia anywhere, and no fibrillary twitchings. The knee-jerks and wrist-jerks were perfectly normal. All of the muscles reacted to faradism, but there was a quantitative change in the reaction in direct proportion to the amount of wasting. The case was interesting because of its rarity. It was, of course, not an Aran-Duchenne or peroneal type of progressive muscular atrophy. It was a primary myopathy, and the only question in the mind of the speaker was whether to consider it an Erb's juvenile form or a Landouzy-Déjerine type.

Dr. B. SACHS thought that the case presented pretty distinctive features of primary dystrophy rather than of any other form. He had seen two cases of the juvenile type of progressive muscular atrophy in adults, which corresponded in many particulars to the one presented by Dr. Peterson.

HETEROTOPIA OF THE CORD.

Dr. IRA VAN GIESON discoursed on the subject of bruises of the cord, as related to the cases of so-called heterotopia or congenital malformations of the cord substance. Research of the literature on the subject showed thirty cases of congenital malformation to have been published. According to Dr. Van Gieson only six of these represented, microscopically, true cases of heterotopia, the remainder being post-mortem bruises of the cord mistaken for pathological conditions.

After very careful scientific study of the literature of all the available microscopic specimens, and from experimental work, the author was forced to the conclusion that most of the malformations of the cord which had been previously published were really cases in which the cords were injured in the removal and in the process of hardening. The publication of so many cases of heteretopia of the cord, in which no corresponding symptom had been present during the life of the individual, instigated the author to a thorough study of the subject. The methods of removing cords was first looked into, to ascertain to what extent injury might take place under or during precautions. Microscopic examinations were made of cords in which bruising was not supposed to have taken place, and also in those where bruising had been due experimentally. Again in the case of persons of neuropathic dispositions, the cords were carefully studied to find what proportion of malformations existed in this class.

The fact that microscopic examinations of cords accidentally or experimentally bruised, showed the same distortion or displacement of the constituent parts as did the specimens exhibited by the various authors on the subject, and reported as cases of congenital malformations, led to doubt at once of the cases being true heterotopia of the cord. The speaker said that it was very easy to mistake such distortion for malformation when the cord did not show macroscopically any injury. It took very slight pressure, on a cord in a recent state, to cause separation of its structures. The evidence of such injury would show itself in the section by a displacement of some of the white or gray matter to a higher or lower level, or by one or more of the horns being crowded to one side or the other, or being almost or quite obliterated. The proof of such an injury being the cause of the displacement was that in making further sections the absent or distorted portions would be found in different situations. The author illustrated the subject by a large number of lantern slides, the specimens being taken from his own and other observers' work. In the course of his remarks he referred to the specimens which were labelled malformations of the cord in cases of acute myelitis. He did not see how it was that the fact of the extreme softening of the cord, which always took place in this disease, was overlooked, making it almost impossible to handle it without inflicting injury, so that sections in such cases would be sure to show distortion of some of its elements. Very careful analysis of these cases pointed clearly to their being post-mortem injuries and not congenital malformations of the cord. Some of the specimens showed how pinching, bruising or doubling of the cord produced the abnormal conditions, such as enlargements or small nodules which were frequently seen, and microscopically how masses of gray matter might be found in the white substance, the gray horns attenuated, enlarged distorted, or absent in part or entire, the presence of three or more horns, and also why the fibres were sometimes found taking abnormal directions. From his very thorough study of the subject the author was forced to believe that if he could produce experimentally conditions identical with those which had been previously described as congenital malformations, he was very much in doubt as to their being genuine. And also the fact that such abnormal conditions of the cord had not produced any corresponding symptoms, in itself militated very much against diagnosis of cord disease.

Dr. SACHS thought that the author had done a very courageous work indeed, and was very much surprised that out of the workings of so many scientific men that there could be so much doubt as to their accuracy in manipulations. It seemed curious that they should all have overlooked an element of danger, such as injury of the cord which might obscure any possible abnormal condition, and not recognize it. He had removed a great many cords, and was not aware that he had ever bruised them to the extent of obscuring the condition present; he was, however, glad to hear that there was such an element of danger, and was prepared to take precautions to avoid it. He inquired of the author how he handled cords so as to preclude the possibility of injury.

Dr. VAN GIESON said that in the first place the mallet and chisel were to be avoided, as the blow or jar upon the cord was a fruitful source of injury, and also that if the chisel was forced against the cord while it had resiliency enough to spring back and not show the pressure, it would microscopically, and these should not be used. The author always employed a saw and scissors; and for the process of hardening, the cord should be suspended in a tube.

Miscellany.

SOME POINTS TO CONSIDER IN THE SELECTION OF A GALVANIC BATTERY.

Editor of the JOURNAL OF THE NERVOUS AND MENTAL DISEASE:

Kindly recommend me a suitable Galvanic Battery that is not too cumbersome to carry to patient's house, easy to manipulate, and one that can be, with proper care, relied upon for years, and not too expensive or impossible to repair except by maker, etc., etc.

Yours very truly, C. O. F.

PETROLIA, CANADA.

There have been a number of questions directed to us in reference to this subject, so that we have been convinced it would be well to try and answer them in some way.

Merits galore have appeared in print in favor of most every form of battery in the market, and so much has been written upon the subject, that extended discussion in the favor of one particular battery is out of place. Perhaps it is best to premise our recommendation of a battery with the statement that all batteries have their particular good features and many points that recommend them favorably for a special place in the esteem of the manufacturer and the uses of purchaser.